Case 10-40784-rld13 Doc 10 Filed 11/29/10

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B22C (Official Form 22C) (Chapter 13) (04/10)	According to the calculations required by this statement:				
	☐ The applicable commitment period is 3 years.				
In re: Zwaanstra, James Erik	▼ The applicable commitment period is 5 years.				
Debtor(s)	\bigcirc Disposable income is determined under § 1325(b)(3).				
Case Number: 10-40784-rld13 (If known)	☐ Disposable income is not determined under § 1325(b)(3).				
	(Check the boxes as directed in Lines 17 and 23 of this statement.)				

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME									
1	the si	igures must reflect average monthly income received ix calendar months prior to filing the bankruptcy can be before the filing. If the amount of monthly income divide the six-month total by six, and enter the res	ase, ending on the last day of the ne varied during the six months, you	Column A Debtor's Income	Column B Spouse's Income				
2	Gros	ss wages, salary, tips, bonuses, overtime, commi	ssions.	\$	\$				
3	a and one b attac	me from the operation of a business, professional enter the difference in the appropriate column(s) business, profession or farm, enter aggregate numb himent. Do not enter a number less than zero. Do not enter a number less than zero. Do not enter a deduction in Part IV	of Line 3. If you operate more than ers and provide details on an ot include any part of the business						
	a.	Gross receipts	\$ 8,360.61						
	b.	Ordinary and necessary operating expenses	\$						
	c.	Business income	Subtract Line b from Line a	\$ 8,360.61	\$				
4	diffe	and other real property income. Subtract Line I rence in the appropriate column(s) of Line 4. Do n nclude any part of the operating expenses enter IV.	ot enter a number less than zero. Do ed on Line b as a deduction in						
•	a.	Gross receipts	\$						
	b.	Ordinary and necessary operating expenses	\$						
	c.	Rent and other real property income	Subtract Line b from Line a	\$	\$				
5	Interest, dividends, and royalties.				\$				
6	Pension and retirement income.				\$				
7	expe that	amounts paid by another person or entity, on a nses of the debtor or the debtor's dependents, in purpose. Do not include alimony or separate main e debtor's spouse.	\$	\$					

8	However, if you contend that unemplo was a benefit under the Social Security	ou contend that unemployment compensation received by you or your spouse under the Social Security Act, do not list the amount of such compensation in B, but instead state the amount in the space below:							
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	Spouse S	§		\$		\$	
9	Income from all other sources. Speci sources on a separate page. Total and a maintenance payments paid by your or separate maintenance. Do not include Act or payments received as a victim of international or domestic terrorism. a. b.	enter on Line 9. Do not inc spouse, but include all of lude any benefits received u	lude alime her paym ander the S	ony or separ ents of alimo Social Securit	ony y	\$		\$	
10	Subtotal. Add Lines 2 thru 9 in Colum through 9 in Column B. Enter the total		ompleted,	add Lines 2		\$	8,360.6	51 \$	
11	Total. If Column B has been complete and enter the total. If Column B has no Column A.					\$			8,360.61
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD								
12	Enter the amount from Line 11.							\$	8,360.61
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents. Otherwise, enter zero.								
1.4	Total and enter on Line 13.							\$	0.00
14	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number					\$	8,360.61 100,327.32		
16	12 and enter the result. Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					Ψ	100,021.02		
	a. Enter debtor's state of residence: Or	egon	_ b. Ente	er debtor's ho	useho	old siz	ze: 3	\$	59,546.00
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed. ☐ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment per 3 years" at the top of page 1 of this statement and continue with this statement. ☐ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.						•		
	Part III. APPLICATION OI	F § 1325(b)(3) FOR DE	TERMIN	NING DISP	OSA	BLE	EINCO	ME	
18	Enter the amount from Line 11.							\$	8.360.61

	Manital adjustment If you are m									
19	total of any income listed in Line 1 expenses of the debtor or the debtor Column B income (such as paymenthan the debtor or the debtor's dep	\$								
	Total and enter on Line 19.					\$	0.00			
20	Current monthly income for § 1.	325(b)(3). Subtract	Line 1	9 from Line 18 and enter the	esult.	\$	8,360.61			
21	Annualized current monthly income 12 and enter the result.	ome for § 1325(b)	(3). Mu	ltiply the amount from Line 2	0 by the number	\$	100,327.32			
22	Applicable median family incom	e. Enter the amoun	t from l	Line 16.		\$	59,546.00			
The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. D complete Parts IV, V, or VI.							s not			
	Part IV. CALCUL	ATION OF DED	UCTI	ONS ALLOWED UNDE	R § 707(b)(2)					
	Subpart A: Dedu	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)								
National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					vice (IRS)					
24A	miscellaneous. Enter in Line 24A	el and services, ho	ousekee t from I	eping supplies, personal care RS National Standards for Al	e, and lowable Living	\$	1,152.00			
24A 24B	miscellaneous. Enter in Line 24A Expenses for the applicable housel	el and services, ho the "Total" amount nold size. (This info Enter in Line a1 b sons under 65 years sons 65 years of ag erk of the bankrupt years of age, and er or older. (The tota altiply Line a1 by I esult in Line c1. Ma	elow the sof age or old cy cournter in I l numb inte b1 ultiply	eping supplies, personal care RS National Standards for Al n is available at www.usdoj.g e amount from IRS National a, and in Line a2 the IRS Natio eler. (This information is avail et.) Enter in Line b1 the numbe cine b2 the number of membe er of household members mus to obtain a total amount for h Line a2 by Line b2 to obtain a	e, and lowable Living ov/ust/ or from Standards for onal Standards for able at er of members of rs of your at be the same as ousehold total amount for		1,152.00			
	miscellaneous. Enter in Line 24A Expenses for the applicable housel the clerk of the bankruptcy court.) National Standards: health care. Out-of-Pocket Health Care for per Out-of-Pocket Health Care for per www.usdoj.gov/ust/ or from the cle your household who are under 65 y household who are 65 years of age the number stated in Line 16b.) Mi members under 65, and enter the re household members 65 and older,	el and services, ho the "Total" amount hold size. (This info Enter in Line a1 b sons under 65 years sons 65 years of ag erk of the bankrupt years of age, and er or older. (The tota altiply Line a1 by I esult in Line c1. Mo and enter the result esult in Line 24B.	elow the sof age or old cy courter in I l numb in Line	eping supplies, personal care RS National Standards for Al n is available at www.usdoj.g e amount from IRS National a, and in Line a2 the IRS Natio eler. (This information is avail et.) Enter in Line b1 the numbe cine b2 the number of membe er of household members mus to obtain a total amount for h Line a2 by Line b2 to obtain a	e, and lowable Living ov/ust/ or from Standards for onal Standards for able at er of members of rs of your st be the same as ousehold total amount for obtain a total		1,152.00			
	miscellaneous. Enter in Line 24A Expenses for the applicable housel the clerk of the bankruptcy court.) National Standards: health care. Out-of-Pocket Health Care for per Out-of-Pocket Health Care for per www.usdoj.gov/ust/ or from the cle your household who are under 65 y household who are 65 years of age the number stated in Line 16b.) Me members under 65, and enter the re household members 65 and older, health care amount, and enter the re	el and services, ho the "Total" amount hold size. (This info Enter in Line a1 b sons under 65 years sons 65 years of ag erk of the bankrupt years of age, and er or older. (The tota altiply Line a1 by I esult in Line c1. Mo and enter the result esult in Line 24B.	elow the sof age or old cy courter in I l numb in Line	eping supplies, personal care RS National Standards for Al n is available at www.usdoj.g e amount from IRS National a, and in Line a2 the IRS National der. (This information is available). Enter in Line b1 the number aine b2 the number of member of household members must to obtain a total amount for h Line a2 by Line b2 to obtain a e c2. Add Lines c1 and c2 to o	e, and lowable Living ov/ust/ or from Standards for onal Standards for able at er of members of rs of your st be the same as ousehold total amount for obtain a total		1,152.00			
	miscellaneous. Enter in Line 24A Expenses for the applicable housel the clerk of the bankruptcy court.) National Standards: health care Out-of-Pocket Health Care for per Out-of-Pocket Health Care for per www.usdoj.gov/ust/ or from the cle your household who are under 65 y household who are 65 years of age the number stated in Line 16b.) Me members under 65, and enter the re household members 65 and older, health care amount, and enter the re Household members under 65 y	el and services, ho the "Total" amount hold size. (This info Enter in Line a1 b sons under 65 years sons 65 years of ag erk of the bankrupt years of age, and er or older. (The tota altiply Line a1 by I esult in Line c1. Mu and enter the result esult in Line 24B.	elow the soft age or old cy courter in I l numb in Line b1	eping supplies, personal care RS National Standards for Al n is available at www.usdoj.g e amount from IRS National a, and in Line a2 the IRS National der. (This information is availate). Enter in Line b1 the numbration b2 the number of member of household members must obtain a total amount for had be c2. Add Lines c1 and c2 to ce sehold members 65 years of	e, and lowable Living ov/ust/ or from Standards for onal Standards for able at er of members of rs of your st be the same as ousehold total amount for obtain a total age or older		1,152.00			
	miscellaneous. Enter in Line 24A Expenses for the applicable housel the clerk of the bankruptcy court.) National Standards: health care. Out-of-Pocket Health Care for per Out-of-Pocket Health Care for per www.usdoj.gov/ust/ or from the cle your household who are under 65 y household who are 65 years of age the number stated in Line 16b.) Mi members under 65, and enter the re household members 65 and older, health care amount, and enter the re Household members under 65 y a1. Allowance per member	el and services, ho the "Total" amount nold size. (This info Enter in Line a1 b sons under 65 years sons 65 years of ag erk of the bankrupt years of age, and er or older. (The tota altiply Line a1 by I esult in Line c1. Mo and enter the result esult in Line 24B. years of age 60.00	elow the sof age or old cy cour nter in I l numb in Line Hou a2.	eping supplies, personal care RS National Standards for Al n is available at www.usdoj.g e amount from IRS National a, and in Line a2 the IRS Natio eler. (This information is availate). Enter in Line b1 the number ine b2 the number of member er of household members must to obtain a total amount for h Line a2 by Line b2 to obtain a e c2. Add Lines c1 and c2 to o sehold members 65 years of Allowance per member	e, and lowable Living ov/ust/ or from Standards for onal Standards for able at er of members of rs of your at be the same as ousehold total amount for obtain a total age or older 144.00		1,152.00			

	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47 subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero	e (this Line b 7;				
25B	b. Average Monthly Payment for any debts secured by your home, if	737.04				
	c. Net mortgage/rental expense Subtract Line b from L	ine a	\$			
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					
27A	If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk					
27B	of the bankruptcy court.) Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) ✓ 1 ☐ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs \$ 496.00 Average Monthly Payment for any debts secured by Vehicle 1, as b. stated in Line 47 \$ 400.90 c. Net ownership/lease expense for Vehicle 1					
	c. Net ownership/lease expense for Vehicle 1 Subtract Line b from L	ine a	\$ 95.10			

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Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptey court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. a. [IRS Transportation Standards, Ownership Costs	B22C (Official Form 22C) (Chapter 13) (04/10)					
Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on child-care—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39. Other Necessary Expenses: telecommunication services En	29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.					
Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39. Ot		Average Monthly Payment for any debts secured by Vehicle 2, as					
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deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previou	30	federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment	\$				
for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	31	deductions that are required for your employment, such as mandatory retirement contributions, union dues,					
required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	32	for term life insurance for yourself. Do not include premiums for insurance on your dependents, for					
child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. \$ **Total Control of the condition of the expension of the extent of the extent of the condition of the extent of your dependents. Do not include any amount previously service.	33	required to pay pursuant to the order of a court or administrative agency, such as spousal or child support					
on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	34	child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for					
expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. \$	35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational					
you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	36	expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in					
Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37. \$ 5,010.10	37	you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously					
	38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$	5,010.10			

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B22C (Official Form 22C) (Chapter 13) (04/10)

		Subpart B: Additional Expense De Note: Do not include any expenses that y					
	expe	Ith Insurance, Disability Insurance, and Health Savings nses in the categories set out in lines a-c below that are reas se, or your dependents.					
	a.	Health Insurance	\$	250.00			
	b.	Disability Insurance	\$				
39	c.	Health Savings Account	\$				
	Total	l and enter on Line 39				\$	250.00
		ou do not actually expend this total amount, state your ac pace below:	tual total av	erage monthly expe	enditures in		
40	Cont mont elder	tinued contributions to the care of household or family and the contributions to the care of household or family at the continue to pay for the reasonable clay, chronically ill, or disabled member of your household or let to pay for such expenses. Do not include payments listed	e and neces r member of	sary care and support your immediate fa	ort of an	\$	
41	you a Servi	ection against family violence. Enter the total average reast actually incur to maintain the safety of your family under the ices Act or other applicable federal law. The nature of these idential by the court.	e Family Vi	olence Prevention a	and	\$	
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.						
43	actua secon trust	cation expenses for dependent children under 18. Enter the ally incur, not to exceed \$147.92* per child, for attendance and ary school by your dependent children less than 18 years the with documentation of your actual expenses, and you assonable and necessary and not already accounted for in	at a private of age. You must expl	or public elementar must provide you ain why the amou	y or ir case	\$	
44	cloth Natio	itional food and clothing expense. Enter the total average sing expenses exceed the combined allowances for food and onal Standards, not to exceed 5% of those combined allowards, usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Yeional amount claimed is reasonable and necessary.	clothing (a)	pparel and services information is avail) in the IRS lable at	\$	
45	chari	ritable contributions. Enter the amount reasonably necessal itable contributions in the form of cash or financial instrume of U.S.C. § 170(c)(1)-(2). Do not include any amount in exame.	nts to a cha	ritable organization	as defined	\$	
						Γ.	

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

\$

250.00

Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.

Subpart C: Deductions for Debt Payment Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47. Average Does payment 47 Monthly include taxes or Name of Creditor Property Securing the Debt **Payment** insurance? \$ 2,547.37 yes no Citimortgage, Inc. Residence Residence \$ 1,189.67 b. Citimortgage, Inc. ☐ yes **v** no See Continuation Sheet 464.40 yes no Total: Add lines a, b and c. \$ 4,201.44 Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents. you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. 48 1/60th of the Name of Creditor Property Securing the Debt Cure Amount Citimortgage, Inc. Residence \$ 281.20 \$ Citimortgage, Inc. 120.90 b. Residence \$ c. Total: Add lines a, b and c. \$ 402.10 Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, 49 such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33. 352.47 Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense. \$ Projected average monthly Chapter 13 plan payment. Current multiplier for your district as determined under schedules issued by the Executive Office for United States 50 Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy X court.) Average monthly administrative expense of Chapter 13 Total: Multiply Lines a and b 51 **Total Deductions for Debt Payment.** Enter the total of Lines 47 through 50. 4,956.01 **Subpart D: Total Deductions from Income Total of all deductions from income.** Enter the total of Lines 38, 46, and 51. 10,216.11

Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)							
53	Tota	current monthly income. Enter the amount from Line 20.		\$	8,360.61		
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.						
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).						
56	Tota	l of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.		\$	10,216.11		
	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable.						
57		Nature of special circumstances	Amount of expense				
	a.	•	\$				
	b.		\$				
	c.		\$				
		Total: Add I	Lines a, b, and c	\$			
58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.						
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.						
		Part VI. ADDITIONAL EXPENSE CLAIMS					
	and wincom	Expenses. List and describe any monthly expenses, not otherwise stated in this form relfare of you and your family and that you contend should be an additional deduction the under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page monthly expense for each item. Total the expenses.	from your curren	t mon	thly		
		Expense Description	Monthly A	moun	t		
60	a.		\$				
	b.		\$				
	c.		\$				
		Total: Add Lines a, b and	c \$				
Part VII. VERIFICATION							
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a both debtors must sign.)						
61	Date:	November 29, 2010 Signature: /s/ James Erik Zwaanstra (Debtor)					
	Date: Signature: (Joint Debtor, if any)						

IN RE Zwaanstra, James Erik

Debtor(s)

__ Case No. 10-40784-rld13

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME

Continuation Sheet - Future payments on secured claims

		60-month	Does payment include taxes or
Name of Creditor	Property Securing the Debt	Average Pmt	insurance?
BMW Financial Services Oregon Department Of Revenue Internal Revenue Service	Automobile (1) tax lien on all personal property Tax lien on all personal property	400.90 0.17 63.33	No No No